

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different
than previously
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Frank Jannazo

Signature of Treasurer

Electronically Filed by Mr. Frank Jannazo

Date

11

25

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		59846.35
(b) Cash on Hand at Beginning of Reporting Period	65586.66	
(c) Total Receipts (from Line 19)	29973.36	148212.47
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95560.02	208058.82
7. Total Disbursements (from Line 31)	67156.01	179654.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28404.01	28404.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 7 0 1 2 0 0 8

To:

M M D D Y Y W Y
0 9 3 0 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24639.99	120124.76
(i) Itemized (use Schedule A)		
(ii) Unitemized	5264.74	27838.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	29904.73	147963.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	29904.73	147963.21
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	68.63	249.26
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29973.36	148212.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29973.36	148212.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	131.01	316.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	131.01	316.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	137500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	22525.00	41837.88
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	67156.01	179654.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67156.01	179654.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29904.73	147963.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29904.73	147963.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	131.01	316.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	131.01	316.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Anthony J Abela

Mailing Address 3622 Deerfield Ct

City

Grass Lake

State

MI

Zip Code

49240

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.12

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28920

Amount of Each Receipt this Period

311.52

Biweekly P/R deduction of
51.92

B.

Full Name (Last, First, Middle Initial)

Charlean Adams

Mailing Address 3523 East Manitou Circle

City

Muskegon

State

MI

Zip Code

49441

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1419.24

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28921

Amount of Each Receipt this Period

900.00

Biweekly P/R deduction of
150

C.

Full Name (Last, First, Middle Initial)

Ms Gayla M. Adams

Mailing Address 239 County Rd 4328

City

Tenaha

State

TX

Zip Code

75974

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Holiday

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.47

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.28922

Amount of Each Receipt this Period

176.05

Biweekly P/R deduction of
25.15

SUBTOTAL of Receipts This Page (optional)

1387.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer Adams

Mailing Address 6968 Havington Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28923

Amount of Each Receipt this Period

46.16

Biweekly P/R deduction of
23.08

B.

Full Name (Last, First, Middle Initial)

Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28925

Amount of Each Receipt this Period

923.10

Biweekly P/R deduction of
153.85

C.

Full Name (Last, First, Middle Initial)

Michael Armstrong

Mailing Address 115 N. Remington Rd.

City

Bexley

State

OH

Zip Code

43209

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.28927

Amount of Each Receipt this Period

168.00

Biweekly P/R deduction of
24

SUBTOTAL of Receipts This Page (optional)

1137.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Matthew Baad

Mailing Address 528 Bonnie Circle

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28942

Amount of Each Receipt this Period

72.00

Biweekly P/R deduction of
12

B.

Full Name (Last, First, Middle Initial)

Tammy Barker-Cronin

Mailing Address 4521 Sutton Road

City

Britton

State

MI

Zip Code

49229

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AVP - Quality Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.97

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28944

Amount of Each Receipt this Period

298.26

Biweekly P/R deduction of
49.71

C.

Full Name (Last, First, Middle Initial)

Jocelyn Barnes

Mailing Address 428 169th Court NE

City

Bradenton

State

FL

Zip Code

34212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28945

Amount of Each Receipt this Period

210.00

Biweekly P/R deduction of
35

SUBTOTAL of Receipts This Page (optional)

580.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Charles Batcher

Mailing Address 910 Orchard Drive

City

Rossford

State

OH

Zip Code

43460

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director - Dementia Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28948

Amount of Each Receipt this Period

420.00

Biweekly P/R deduction of
70

B.

Full Name (Last, First, Middle Initial)

Donald S Boger

Mailing Address 78 W. Kyla Marie Drive

City

Newark

State

DE

Zip Code

19702

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28953

Amount of Each Receipt this Period

90.00

Biweekly P/R deduction of
15

C.

Full Name (Last, First, Middle Initial)

David Burke

Mailing Address 3908 Tricking Brook Dr.

City

Richmond

State

VA

Zip Code

23228

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.26

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28960

Amount of Each Receipt this Period

115.38

Biweekly P/R deduction of
19.23

SUBTOTAL of Receipts This Page (optional)

625.38

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Candace Burks-McCoy

Mailing Address 6115 North Ridge Road

City

Ft. Worth

State

TX

Zip Code

76135

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Senior Manager Clinical Services

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.28962

Amount of Each Receipt this Period

120.00

Biweekly P/R deduction of
20**B.**

Full Name (Last, First, Middle Initial)

Dena L Byrd-Byrum

Mailing Address 113 Lowood Lane

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.28964

Amount of Each Receipt this Period

175.00

Biweekly P/R deduction of
25**C.**

Full Name (Last, First, Middle Initial)

Charlie F Byrne

Mailing Address 4685 Rio POCO Court

City

Naples

State

FL

Zip Code

33109

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

775.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.28965

Amount of Each Receipt this Period

265.38

Biweekly P/R deduction of
44.23

SUBTOTAL of Receipts This Page (optional)

560.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Shirley D Cabildo

Mailing Address 38 Bentley Court

City

Bedminster

State

NJ

Zip Code

07921

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28966

Amount of Each Receipt this Period

80.76

Biweekly P/R deduction of
13.46

B.

Full Name (Last, First, Middle Initial)

Nancy L Caras

Mailing Address 1260 Thornapple Dr

City

Osprey

State

FL

Zip Code

34229

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.28970

Amount of Each Receipt this Period

83.10

Biweekly P/R deduction of
27.70

C.

Full Name (Last, First, Middle Initial)

Javier Cavero

Mailing Address 3077 N. Oakland Forest Dr. #202

City

Oakland Park

State

FL

Zip Code

33309

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28974

Amount of Each Receipt this Period

102.00

Biweekly P/R deduction of
17

SUBTOTAL of Receipts This Page (optional)

265.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Lisa Cherry

Mailing Address 1971 A Allwood Drive

City

Bethlehem

State

PA

Zip Code

18018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28975

Amount of Each Receipt this Period

46.26

Biweekly P/R deduction of
15.42

B.

Full Name (Last, First, Middle Initial)

Barry Chesterman

Mailing Address 13132 Ludlow Avenue

City

Huntington Woods

State

MI

Zip Code

48070

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Rehab Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28976

Amount of Each Receipt this Period

29.00

Biweekly P/R deduction of
29

C.

Full Name (Last, First, Middle Initial)

Lenette A Clark

Mailing Address 1259 Tower Court

City

Bourbannais

State

IL

Zip Code

60914

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

366.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28977

Amount of Each Receipt this Period

199.92

Biweekly P/R deduction of
33.32

SUBTOTAL of Receipts This Page (optional)

275.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Denise Clements

Mailing Address 16953 S. Mohican Drive

City State Zip Code
 Lockport IL 60441

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Administrator - Oak Lawn West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.28979

Amount of Each Receipt this Period

40.00

Biweekly P/R deduction of
20

B.

Full Name (Last, First, Middle Initial)

Stephen Coetzee

Mailing Address PO Box 85

City State Zip Code
 Neport PA 17074

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28980

Amount of Each Receipt this Period

25.00

Biweekly P/R deduction of
25

C.

Full Name (Last, First, Middle Initial)

Ms Pamela Cox

Mailing Address 6238 Shadowood Circle

City State Zip Code
 Naples FL 34112

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR.ManorCare, Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28984

Amount of Each Receipt this Period

35.00

Biweekly P/R deduction of
35

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Deborah Cszaszar

Mailing Address 3715 Spear St.

City

Bethlehem

State

PA

Zip Code

18020

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Managed Care Consultant - Eastern

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28985

Amount of Each Receipt this Period

108.48

Biweekly P/R deduction of
18.08

B.

Full Name (Last, First, Middle Initial)

Jamie S D'Angelo

Mailing Address 26 Oakland Ave

City

Wheeling

State

WV

Zip Code

26003

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28988

Amount of Each Receipt this Period

119.82

Biweekly P/R deduction of
19.97

C.

Full Name (Last, First, Middle Initial)

Linda J Dailey

Mailing Address 126 Cornerstone Dr.

City

Marietta

State

OH

Zip Code

45750

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28987

Amount of Each Receipt this Period

22.00

Biweekly P/R deduction of
22

SUBTOTAL of Receipts This Page (optional)

250.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Karen L Davidson

Mailing Address 612 W. Magnolia

City

Pana

State

IL

Zip Code

62557

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Clinical Services

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

726.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28990

Amount of Each Receipt this Period

52.00

Biweekly P/R deduction of
52

B.

Full Name (Last, First, Middle Initial)

Danny M Davis

Mailing Address P.O. Box 1252

City

Charleston

State

WV

Zip Code

25325

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.28991

Amount of Each Receipt this Period

105.00

Biweekly P/R deduction of
15

C.

Full Name (Last, First, Middle Initial)

Brenda Decker

Mailing Address 69 E. Pettibone Street

City

Forty Fort

State

PA

Zip Code

18704

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

337.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28992

Amount of Each Receipt this Period

24.00

Biweekly P/R deduction of
24

SUBTOTAL of Receipts This Page (optional)

181.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen Dell

Mailing Address 5750 Belle Avenue

City

Davenport

State

IA

Zip Code

52807

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Rehab Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.28994

Amount of Each Receipt this Period

171.00

Biweekly P/R deduction of
28.50

B.

Full Name (Last, First, Middle Initial)

Timothy C Dietzen

Mailing Address 3615 Sunnyview Rd

City

Appleton

State

WI

Zip Code

54914

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.28997

Amount of Each Receipt this Period

175.00

Biweekly P/R deduction of
25

C.

Full Name (Last, First, Middle Initial)

David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.28999

Amount of Each Receipt this Period

212.03

Biweekly P/R deduction of
30.29

SUBTOTAL of Receipts This Page (optional)

558.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Nancy Edwards

Mailing Address 5726 Rolbesay Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29000

Amount of Each Receipt this Period

192.00

Biweekly P/R deduction of
192

B.

Full Name (Last, First, Middle Initial)

R Michael Ferguson

Mailing Address 2450 Underhill Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.72

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29008

Amount of Each Receipt this Period

461.52

Biweekly P/R deduction of
76.92

C.

Full Name (Last, First, Middle Initial)

Sara M Fielding-Russell

Mailing Address 3601 Hawthorne Dr

City

Richfield

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.53

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29010

Amount of Each Receipt this Period

102.18

Biweekly P/R deduction of
17.03

SUBTOTAL of Receipts This Page (optional)

755.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Elizabeth M Foley

Mailing Address 2313 Rockspring Rd

City

Toledo

State

OH

Zip Code

43614

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Legal Counsel II

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

609.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29014

Amount of Each Receipt this Period

194.70

Biweekly P/R deduction of
32.45

B.

Full Name (Last, First, Middle Initial)

Karen L Forrest

Mailing Address 3115 Wynstone Dr

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.54

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29015

Amount of Each Receipt this Period

357.24

Biweekly P/R deduction of
59.54

C.

Full Name (Last, First, Middle Initial)

Jamie Fox

Mailing Address 705A Allentown Rd

City

Sellersville

State

PA

Zip Code

18960

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

367.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29016

Amount of Each Receipt this Period

121.20

Biweekly P/R deduction of
20.20

SUBTOTAL of Receipts This Page (optional)

673.14

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.Full Name (Last, First, Middle Initial)
George Frill

Mailing Address 2006 Hale Ct

City	State	Zip Code
Wyomiseing	PA	19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.Occupation
Administrator - Laureldale

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Transaction ID: SA11AI.29018

Amount of Each Receipt this Period

136.74

Biweekly P/R deduction of
22.79**B.**Full Name (Last, First, Middle Initial)
Charles T George

Mailing Address 111 Pepperbush

City	State	Zip Code
Bellefontaine	OH	43311

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

Transaction ID: SA11AI.29022

Amount of Each Receipt this Period

26.47

Biweekly P/R deduction of
26.47**C.**Full Name (Last, First, Middle Initial)
Larry Robert Godla

Mailing Address 1556 Mary Ellen Court

City	State	Zip Code
McLean	VA	22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
VP Develop/Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

Transaction ID: SA11AI.29024

Amount of Each Receipt this Period

77.00

Biweekly P/R deduction of
77

SUBTOTAL of Receipts This Page (optional)

240.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Graham

Mailing Address 3000 Riva Ridge Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP/GM - Heartland Hospice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2153.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29028

Amount of Each Receipt this Period

153.85

Biweekly P/R deduction of
153.85

B.

Full Name (Last, First, Middle Initial)

Ruth G Graziano

Mailing Address 503 Elk Mills Road

City

Oxford

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29030

Amount of Each Receipt this Period

53.85

Biweekly P/R deduction of
53.85

C.

Full Name (Last, First, Middle Initial)

Deborah L Gross

Mailing Address 687 Westview NW

City

Grand Rapids

State

MI

Zip Code

49504

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Crestview

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29031

Amount of Each Receipt this Period

20.00

Biweekly P/R deduction of
20

SUBTOTAL of Receipts This Page (optional)

227.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Stephen L. Guillard

Mailing Address 217 Garden St.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.83

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29033

Amount of Each Receipt this Period

1153.86

Biweekly P/R deduction of
192.31

B.

Full Name (Last, First, Middle Initial)

Karen Harris

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29034

Amount of Each Receipt this Period

44.02

Biweekly P/R deduction of
22.01

C.

Full Name (Last, First, Middle Initial)

Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29035

Amount of Each Receipt this Period

180.00

Biweekly P/R deduction of
30

SUBTOTAL of Receipts This Page (optional)

1377.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kevin C Henricks

Mailing Address 23 Chicago St. Apt.G

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29036

Amount of Each Receipt this Period

252.00

Biweekly P/R deduction of
42

B.

Full Name (Last, First, Middle Initial)

Mary I Herman

Mailing Address 418 Highland Ave. RR#5

City

Clarks Summit

State

PA

Zip Code

18411

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.84

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29037

Amount of Each Receipt this Period

94.22

Biweekly P/R deduction of
13.46

C.

Full Name (Last, First, Middle Initial)

Elizabeth B. Hill

Mailing Address 1285 Sunhill Drive

City

Lawrenceville

State

GA

Zip Code

30043

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.59

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29038

Amount of Each Receipt this Period

200.83

Biweekly P/R deduction of
28.69

SUBTOTAL of Receipts This Page (optional)

547.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Timothy M Hock

Mailing Address 8054 Tillicum Grove North

City

Rockford

State

MI

Zip Code

49341

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29039

Amount of Each Receipt this Period

230.76

Biweekly P/R deduction of
38.46

B.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Hoffman

Mailing Address 4829 Rhone Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Ops Support - Midstates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.53

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29040

Amount of Each Receipt this Period

140.40

Biweekly P/R deduction of
23.40

C.

Full Name (Last, First, Middle Initial)

Rodger J Hogan

Mailing Address 101 Mercury Way

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29041

Amount of Each Receipt this Period

238.00

Biweekly P/R deduction of
34

SUBTOTAL of Receipts This Page (optional)

609.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29044

Amount of Each Receipt this Period

95.00

Biweekly P/R deduction of
95

B.

Full Name (Last, First, Middle Initial)

Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP of Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29045

Amount of Each Receipt this Period

692.28

Biweekly P/R deduction of
115.38

C.

Full Name (Last, First, Middle Initial)

Mr. John Huber

Mailing Address 26448 Carronade Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29047

Amount of Each Receipt this Period

45.00

Biweekly P/R deduction of
45

SUBTOTAL of Receipts This Page (optional)

832.28

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca J Hullinger

Mailing Address 1250 Horseshoe Cir #105

City

Ann Arbor

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Clinical Prog Implem Consult

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

Transaction ID: SA11AI.29048

Amount of Each Receipt this Period

40.00

Biweekly P/R deduction of
40**B.**

Full Name (Last, First, Middle Initial)

Rebecca S Jablon

Mailing Address 3349 Fairbanks Ave

City

TOLEDO

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Transaction ID: SA11AI.29052

Amount of Each Receipt this Period

155.76

Biweekly P/R deduction of
25.96**C.**

Full Name (Last, First, Middle Initial)

Frank A Jannazo

Mailing Address 3466 Country Farms Road

City

Oregon

State

OH

Zip Code

43616

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Accounts Receivable

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Transaction ID: SA11AI.29053

Amount of Each Receipt this Period

70.00

Biweekly P/R deduction of
35

SUBTOTAL of Receipts This Page (optional)

265.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Gina Elizabeth Jennings

Mailing Address 7 Eva Court

City

Baltimore

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation
ADNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29054

Amount of Each Receipt this Period

113.40

Biweekly P/R deduction of
18.90

B.

Full Name (Last, First, Middle Initial)

Ms Diane Johnson

Mailing Address 206 Ruth Road

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1006.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29055

Amount of Each Receipt this Period

71.88

Biweekly P/R deduction of
71.88

C.

Full Name (Last, First, Middle Initial)

Nancy E Johnson

Mailing Address 4266 Shire Landing

City

Hillard

State

OH

Zip Code

43026

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29056

Amount of Each Receipt this Period

307.20

Biweekly P/R deduction of
51.20

SUBTOTAL of Receipts This Page (optional)

492.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lisa J. Jurski

Mailing Address 1934 Delence Street

City

Toledo

State

OH

Zip Code

43605

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Senior Manager - Workers Comp

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.28874

Amount of Each Receipt this Period

400.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ken Kang

Mailing Address 513 Adams Street
Apt. #909

City

Toledo

State

OH

Zip Code

43604

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Analyst - Marketing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

288.47

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29060

Amount of Each Receipt this Period

69.24

Biweekly P/R deduction of
11.54

C.

Full Name (Last, First, Middle Initial)

Mrs. Kathy Karr

Mailing Address 4430 Woodfield Drive

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc.

Occupation

Senior Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29061

Amount of Each Receipt this Period

72.00

Biweekly P/R deduction of
12

SUBTOTAL of Receipts This Page (optional)

541.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Anthony J Keelin

Mailing Address 2208 26th Avenue^ South

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29062

Amount of Each Receipt this Period

150.00

Biweekly P/R deduction of
25

B.

Full Name (Last, First, Middle Initial)

Vivian Kiraly

Mailing Address 103 Kama Lane

City

Cross Lanes

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29063

Amount of Each Receipt this Period

26.50

Biweekly P/R deduction of
26.50

C.

Full Name (Last, First, Middle Initial)

Andrew Koha

Mailing Address 7620 Isaac Drive

City

Middleburg Heights

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

RDO - Central 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29064

Amount of Each Receipt this Period

300.00

Biweekly P/R deduction of
50

SUBTOTAL of Receipts This Page (optional)

476.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Amy LaFleur

Mailing Address 207 S. Ann Arbor St.

City

Saline

State

MI

Zip Code

48176

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29069

Amount of Each Receipt this Period

39.00

Biweekly P/R deduction of
39

B.

Full Name (Last, First, Middle Initial)

Mr. David Lanning

Mailing Address 806 Copley Lane

City

Silver Spring

State

MD

Zip Code

20904

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Vice President, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29070

Amount of Each Receipt this Period

195.00

Biweekly P/R deduction of
97.50

C.

Full Name (Last, First, Middle Initial)

Michael Lavin

Mailing Address 205 Foxmanor Lane

City

Glen Burnie

State

MD

Zip Code

21061

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.87

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29071

Amount of Each Receipt this Period

154.50

Biweekly P/R deduction of
25.75

SUBTOTAL of Receipts This Page (optional)

388.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Terry L Lawrence Nelson

Mailing Address 1880 Oldfield Dr.

City

Huntingtown

State

MD

Zip Code

20639

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Clinical Services ConsultantRN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.52

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29072

Amount of Each Receipt this Period

36.50

Biweekly P/R deduction of
36.50

B.

Full Name (Last, First, Middle Initial)

Larry C Lester

Mailing Address 13507 Westbrook

City

Plymouth

State

MI

Zip Code

48170

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

General Mgr^ VP Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29073

Amount of Each Receipt this Period

340.00

Biweekly P/R deduction of
85

C.

Full Name (Last, First, Middle Initial)

Rebecca R Lichtenberger

Mailing Address 558 N. Hillcrest Blvd.

City

Decatur

State

IL

Zip Code

62522

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Clinical Services Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.80

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29074

Amount of Each Receipt this Period

23.20

Biweekly P/R deduction of
23.20

SUBTOTAL of Receipts This Page (optional)

399.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen A Long

Mailing Address 4815 Woodmark Court

City

Fort Wayne

State

IN

Zip Code

46815

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.40

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.29075

Amount of Each Receipt this Period

28.60

Weekly P/R deduction of
14.30

B.

Full Name (Last, First, Middle Initial)

Carrie Lund

Mailing Address 14802 Dunston Place

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.91

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29081

Amount of Each Receipt this Period

268.92

Biweekly P/R deduction of
46

C.

Full Name (Last, First, Middle Initial)

Gretchen W Mangone

Mailing Address 5234 Reddington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29082

Amount of Each Receipt this Period

150.00

Biweekly P/R deduction of
25

SUBTOTAL of Receipts This Page (optional)

447.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sephane M Marcotullio

Mailing Address 49895 Waterstone Estates Circle

City State Zip Code
 Northville MI 48168

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR Manor Care, Inc.Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29084

Amount of Each Receipt this Period

140.00

Biweekly P/R deduction of
20

B.

Full Name (Last, First, Middle Initial)

Debra Martindale

Mailing Address PO Box 94

City State Zip Code
 Smithfield IL 61477

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR. Manor Care, IncOccupation
Admissions Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.20

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29087

Amount of Each Receipt this Period

75.74

Biweekly P/R deduction of
10.82

C.

Full Name (Last, First, Middle Initial)

Anita M Martinez

Mailing Address 909 Gainesway Court

City State Zip Code
 Florissant MO 63034

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.36

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29088

Amount of Each Receipt this Period

155.76

Biweekly P/R deduction of
25.96

SUBTOTAL of Receipts This Page (optional)

371.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Nancy F Mason

Mailing Address 56 Holden Dr

City

Martinsburg

State

WV

Zip Code

25401

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29090

Amount of Each Receipt this Period

105.00

Biweekly P/R deduction of
15

B.

Full Name (Last, First, Middle Initial)

Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29092

Amount of Each Receipt this Period

330.00

Biweekly P/R deduction of
55

C.

Full Name (Last, First, Middle Initial)

Patricia McCormick

Mailing Address 113 Holly Lane

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29095

Amount of Each Receipt this Period

180.00

Biweekly P/R deduction of
30

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

William J McDaniel II

Mailing Address 7420 Nightingale Dr. #13

City

Holland

State

OH

Zip Code

45328

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29096

Amount of Each Receipt this Period

36.60

Biweekly P/R deduction of
18.30

B.

Full Name (Last, First, Middle Initial)

Deborah A McMonagle

Mailing Address 1632 Patricia Ave

City

Willow Grove

State

PA

Zip Code

19090

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29098

Amount of Each Receipt this Period

87.04

Weekly P/R deduction of
29.04

C.

Full Name (Last, First, Middle Initial)

Robert E McQuillan

Mailing Address 604 Stoney Run Road

City

Pottsville

State

PA

Zip Code

17901

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.28876

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

373.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Dir of Information Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.28

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29101

Amount of Each Receipt this Period

192.25

Biweekly P/R deduction of
192.25

B.

Full Name (Last, First, Middle Initial)

Stacy H Mesaros

Mailing Address 1304 234th Pl

City

Des Moines

State

WA

Zip Code

98198

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29102

Amount of Each Receipt this Period

140.00

Biweekly P/R deduction of
20

C.

Full Name (Last, First, Middle Initial)

William Milianes

Mailing Address 169 Sheridan Ave.

City

Ho Ho Kus

State

NJ

Zip Code

07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.03

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29104

Amount of Each Receipt this Period

121.17

Biweekly P/R deduction of
17.31

SUBTOTAL of Receipts This Page (optional)

453.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Scott Miller

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29105

Amount of Each Receipt this Period

42.25

Biweekly P/R deduction of
42.25

B.

Full Name (Last, First, Middle Initial)

Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City

West Palm Beach

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29112

Amount of Each Receipt this Period

230.76

Biweekly P/R deduction of
38.46

C.

Full Name (Last, First, Middle Initial)

David K Nees

Mailing Address 5315 Rymoor Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29113

Amount of Each Receipt this Period

84.00

Biweekly P/R deduction of
84

SUBTOTAL of Receipts This Page (optional)

357.01

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Linda Neumann

Mailing Address 28 Roslyn Road

City

Grosse Pointe Shor

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Transaction ID: SA11AI.29114

Amount of Each Receipt this Period

561.78

Biweekly P/R deduction of
93.63**B.**

Full Name (Last, First, Middle Initial)

Gordon C Ochs

Mailing Address 2505 Waterford Court

City

Palmetto

State

FL

Zip Code

34221

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

Transaction ID: SA11AI.29116

Amount of Each Receipt this Period

50.00

Biweekly P/R deduction of
50**C.**

Full Name (Last, First, Middle Initial)

Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

Transaction ID: SA11AI.29117

Amount of Each Receipt this Period

346.20

Biweekly P/R deduction of
57.70

SUBTOTAL of Receipts This Page (optional)

957.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Annette Orlowski

Mailing Address 669 Highway 60

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

809.69

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29118

Amount of Each Receipt this Period

57.90

Biweekly P/R deduction of
57.90

B.

Full Name (Last, First, Middle Initial)

Ann E Otley

Mailing Address 333 W Wooster St

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Director of Corporate Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29119

Amount of Each Receipt this Period

115.00

Biweekly P/R deduction of
40

C.

Full Name (Last, First, Middle Initial)

Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.66

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29120

Amount of Each Receipt this Period

396.00

Biweekly P/R deduction of
66

SUBTOTAL of Receipts This Page (optional)

568.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29121

Amount of Each Receipt this Period

576.25

Biweekly P/R deduction of
192

B.

Full Name (Last, First, Middle Initial)

Douglas M Parson

Mailing Address 812 Countay Club Drive

City

Butler

State

MO

Zip Code

64730

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29122

Amount of Each Receipt this Period

147.35

Biweekly P/R deduction of
21.05

C.

Full Name (Last, First, Middle Initial)

Deborah A Parziale

Mailing Address 8850 Little Creek Road

City

Reno

State

NV

Zip Code

89506

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29123

Amount of Each Receipt this Period

245.00

Biweekly P/R deduction of
35

SUBTOTAL of Receipts This Page (optional)

968.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Karen K Phelps

Mailing Address Rt. 4^ Box 87p

City

Tecumseh

State

OK

Zip Code

74873

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29125

Amount of Each Receipt this Period

30.00

Biweekly P/R deduction of
30

B.

Full Name (Last, First, Middle Initial)

David III Pipkin

Mailing Address 9211 Marydell Rd

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29129

Amount of Each Receipt this Period

302.52

Biweekly P/R deduction of
50.42

C.

Full Name (Last, First, Middle Initial)

Clifton J Porter II

Mailing Address 3929 Azalea Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP^ Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1188.21

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29130

Amount of Each Receipt this Period

379.62

Biweekly P/R deduction of
63.27

SUBTOTAL of Receipts This Page (optional)

712.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City

Kenvil

State

NJ

Zip Code

07847

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29136

Amount of Each Receipt this Period

210.00

Biweekly P/R deduction of
35

B.

Full Name (Last, First, Middle Initial)

John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2466.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29137

Amount of Each Receipt this Period

526.16

Biweekly P/R deduction of
188.46

C.

Full Name (Last, First, Middle Initial)

Damian M Rodgers

Mailing Address 4647 Calico Court

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29140

Amount of Each Receipt this Period

74.00

Biweekly P/R deduction of
37

SUBTOTAL of Receipts This Page (optional)

810.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Glen Roebuck

Mailing Address 314 Forest Road

City

Davenport

State

IA

Zip Code

52803

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29141

Amount of Each Receipt this Period

286.80

Biweekly P/R deduction of
47.80

B.

Full Name (Last, First, Middle Initial)

David R Roth

Mailing Address 5257 Bentwood Drive

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Director Of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29143

Amount of Each Receipt this Period

22.00

Biweekly P/R deduction of
22

C.

Full Name (Last, First, Middle Initial)

Lynette M Rugg

Mailing Address 1348 Oakland Circle

City

N. Aurora

State

IL

Zip Code

60542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.73

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29144

Amount of Each Receipt this Period

152.82

Biweekly P/R deduction of
25.47

SUBTOTAL of Receipts This Page (optional)

461.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Richard G Rump

Mailing Address 2423 Heather Glen Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Corporate Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

938.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29146

Amount of Each Receipt this Period

296.52

Biweekly P/R deduction of
49.42

B.

Full Name (Last, First, Middle Initial)

Cynthia S Scharp

Mailing Address 1627 N. 1100 E

City

Gilman

State

IL

Zip Code

60938

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29148

Amount of Each Receipt this Period

140.00

Biweekly P/R deduction of
20

C.

Full Name (Last, First, Middle Initial)

Bruce G Schroeder

Mailing Address 10945 Lakeview Dr

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP Home Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29149

Amount of Each Receipt this Period

60.00

Biweekly P/R deduction of
60

SUBTOTAL of Receipts This Page (optional)

496.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29150

Amount of Each Receipt this Period

115.00

Biweekly P/R deduction of
25

B.

Full Name (Last, First, Middle Initial)

Mr. Edward Schuch

Mailing Address 304 Adriana Court

City

Northhampton

State

PA

Zip Code

18067

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.26

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29151

Amount of Each Receipt this Period

186.12

Biweekly P/R deduction of
31.02

C.

Full Name (Last, First, Middle Initial)

Susan Sexton

Mailing Address 7645 Yawberg Road

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Manager - Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.37

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29154

Amount of Each Receipt this Period

202.56

Biweekly P/R deduction of
34.54

SUBTOTAL of Receipts This Page (optional)

503.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Katie Slench

Mailing Address 7492 E Plank Trail Ct

City

Frankfort

State

IL

Zip Code

60423

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Reg Resident Assessment Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29158

Amount of Each Receipt this Period

30.00

Biweekly P/R deduction of
15

B.

Full Name (Last, First, Middle Initial)

Bridgid R Slivken

Mailing Address 935 Burns Ave NE

City

Cincinnati

State

OH

Zip Code

45215

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.42

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29159

Amount of Each Receipt this Period

76.14

Biweekly P/R deduction of
25.38

C.

Full Name (Last, First, Middle Initial)

Theresa J Smelser

Mailing Address 202 N. Elm Hurst Rd.

City

Prospect Heights

State

IL

Zip Code

60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29160

Amount of Each Receipt this Period

190.50

Biweekly P/R deduction of
31.75

SUBTOTAL of Receipts This Page (optional)

296.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Dean A Smith

Mailing Address 5918 Johnson Street

City

Cantonsville

State

MD

Zip Code

21228

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

506.19

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29161

Amount of Each Receipt this Period

180.18

Biweekly P/R deduction of
25.74

B.

Full Name (Last, First, Middle Initial)

Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP^ Clinical Services

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1269.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29162

Amount of Each Receipt this Period

951.90

Biweekly P/R deduction of
158.65

C.

Full Name (Last, First, Middle Initial)

Patricia Jane Stahr

Mailing Address 807 Johnston Drive

City

Bethlehem

State

PA

Zip Code

18017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

297.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29165

Amount of Each Receipt this Period

6.97

Biweekly P/R deduction of
6.97

SUBTOTAL of Receipts This Page (optional)

1139.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Anthony J Stinson

Mailing Address 3 Lynnefield Court

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.07

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.29168

Amount of Each Receipt this Period

134.84

Biweekly P/R deduction of
33.71

B.

Full Name (Last, First, Middle Initial)

Rami Ubaydi

Mailing Address 27134 Pumpkin Street

City

Murrieta

State

CA

Zip Code

92562

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29172

Amount of Each Receipt this Period

142.25

Biweekly P/R deduction of
50

C.

Full Name (Last, First, Middle Initial)

John L Waller

Mailing Address 822 Raleigh Court

City

Gastonia

State

NC

Zip Code

28054

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AVP of Clinical Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.42

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29176

Amount of Each Receipt this Period

140.28

Biweekly P/R deduction of
23.38

SUBTOTAL of Receipts This Page (optional)

417.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia A Walter

Mailing Address 1860 White Oak Drive

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29177

Amount of Each Receipt this Period

20.00

Biweekly P/R deduction of
20

B.

Full Name (Last, First, Middle Initial)

Mr. Douglas Wanke

Mailing Address 13908 Pondview Road

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Director of Health Planning

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29178

Amount of Each Receipt this Period

55.00

Biweekly P/R deduction of
55

C.

Full Name (Last, First, Middle Initial)

Kim M Ward

Mailing Address 2414 Greendale Road

City

Wilmington

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

514.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29179

Amount of Each Receipt this Period

121.16

Biweekly P/R deduction of
30.29

SUBTOTAL of Receipts This Page (optional)

196.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Susan Ward

Mailing Address 12 Arapaho

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.48

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.29180

Amount of Each Receipt this Period

38.50

Weekly P/R deduction of
19.25

B.

Full Name (Last, First, Middle Initial)

Candy L White

Mailing Address 3514 Sylvan Lane

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29184

Amount of Each Receipt this Period

50.00

Biweekly P/R deduction of
25

C.

Full Name (Last, First, Middle Initial)

Robert Wilcox

Mailing Address 5208 Dry Wells Rd

City

Austin

State

TX

Zip Code

78749

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.21

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29185

Amount of Each Receipt this Period

69.18

Biweekly P/R deduction of
17.31

SUBTOTAL of Receipts This Page (optional)

157.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Toni Y Williams

Mailing Address 141 Boiling Spring Cir

City

Southern Pines

State

NC

Zip Code

28387

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29186

Amount of Each Receipt this Period

208.80

Biweekly P/R deduction of
34.80

B.

Full Name (Last, First, Middle Initial)

Dan Wood

Mailing Address 844 Miami Street

City

Toledo

State

OH

Zip Code

43605

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.40

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29189

Amount of Each Receipt this Period

63.60

Biweekly P/R deduction of
63.60

C.

Full Name (Last, First, Middle Initial)

Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City

Miamisburg

State

OH

Zip Code

45342

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

RDO - Central Division Region 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.93

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29190

Amount of Each Receipt this Period

176.82

Biweekly P/R deduction of
29.47

SUBTOTAL of Receipts This Page (optional)

449.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Julie A Yoxtheimer

Mailing Address 249 E Pearl St

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Reimbursement Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29193

Amount of Each Receipt this Period

72.00

Biweekly P/R deduction of
12

B.

Full Name (Last, First, Middle Initial)

Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

514.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29195

Amount of Each Receipt this Period

36.74

Biweekly P/R deduction of
36.74

C.

Full Name (Last, First, Middle Initial)

Daniel A Zawadzki

Mailing Address 18910 Mallard Cove

City

Middleburg Heights

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29196

Amount of Each Receipt this Period

28.92

Biweekly P/R deduction of
14.46

SUBTOTAL of Receipts This Page (optional)

137.66

TOTAL This Period (last page this line number only)

24639.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 66

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

The Huntington National Bank

Mailing Address P.O. Box 5065

City

Cleveland

State

OH

Zip Code

44101-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA17.28877

Amount of Each Receipt this Period

24.57

Interest Payment - 0708

B.

Full Name (Last, First, Middle Initial)

The Huntington National Bank

Mailing Address P.O. Box 5065

City

Cleveland

State

OH

Zip Code

44101-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA17.28878

Amount of Each Receipt this Period

23.93

Interest Payment - 0808

C.

Full Name (Last, First, Middle Initial)

The Huntington National Bank

Mailing Address P.O. Box 5065

City

Cleveland

State

OH

Zip Code

44101-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.26

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA17.28879

Amount of Each Receipt this Period

20.13

Interest Payment - 0908

SUBTOTAL of Receipts This Page (optional)

68.63

TOTAL This Period (last page this line number only)

68.63

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB21B.29428 Date of Disbursement
Mailing Address P.O. Box 5065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees - Suriano	<div> <div></div> <div>0.33</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB21B.29430 Date of Disbursement
Mailing Address P.O. Box 5065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period
Purpose of Disbursement Service Fees - 0708	<div> <div></div> <div>44.79</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB21B.29432 Date of Disbursement
Mailing Address P.O. Box 5065	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period
Purpose of Disbursement Service Fees - 0808	<div> <div></div> <div>43.17</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

88.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Service Fees - 0908

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.29434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.72

SUBTOTAL of Disbursements This Page (optional)

42.72

TOTAL This Period (last page this line number only)

131.01

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
BOB SCHAFFER FOR US SENATE

Mailing Address 5950 S Willow Drive

City State Zip Code
Englewood CO 80111

Purpose of Disbursement
Contribution for event held on 10/07/08

Candidate Name
ROBERT W SCHAFFER

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.28918

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
BRIGHT FOR CONGRESS.COM

Mailing Address P.O.Box 2106

City State Zip Code
Montgomery AL 36102

Purpose of Disbursement
Contribution

Candidate Name
BOBBY NEAL MR. SR. BRIGHT

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 02

Transaction ID: SB23.28888

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Mailing Address 680 TRANSFER ROAD SUITE A

City State Zip Code
ST PAUL MN 55114

Purpose of Disbursement
Contribution for event held on 09/16/08

Candidate Name
NORM COLEMAN

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 00

Transaction ID: SB23.28904

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Mailing Address 680 TRANSFER ROAD SUITE A

City ST PAUL State MN Zip Code 55114

Purpose of Disbursement
Contribution for event held on 09/16/08Candidate Name
NORM COLEMANCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 00

Transaction ID: SB23.28905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
ELIZABETH DOLE COMMITTEE INC

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement
Contribution for event held on 09/22/08Candidate Name
ELIZABETH DOLECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.28909

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
ContributionCandidate Name
DANIEL B MR. MAFFEICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: SB23.28896

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
GERRY CONNOLLY FOR CONGRESS

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement
Contribution

Candidate Name
GERRY CONNOLLY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: SB23.28889

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
GRIFFITH FOR CONGRESS

Mailing Address PO BOX 2916

City Huntsville State AL Zip Code 35804

Purpose of Disbursement
Contribution

Candidate Name
R PARKER GRIFFITH

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: SB23.28890

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
HALVORSON FOR CONGRESS

Mailing Address PO Box 176

City Crete State IL Zip Code 60417

Purpose of Disbursement
Contribution

Candidate Name
DEBORAH 'DEBBIE' HALVORSON

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: SB23.28891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
JOHN BOCCIERI FOR CONGRESS

Mailing Address PO BOX 3016

City State Zip Code
ALLIANCE OH 44601

Purpose of Disbursement
Contribution

Candidate Name
JOHN A BOCCIERI

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: SB23.28887

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City State Zip Code
PHOENIX AZ 85064

Purpose of Disbursement
Contribution for event held on 09/23/08

Candidate Name
JON L KYL

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: SB23.28914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
KIRKPATRICK FOR ARIZONA

Mailing Address PO Box G

City State Zip Code
Flagstaff AZ 86002

Purpose of Disbursement
Contribution

Candidate Name
ANN KIRKPATRICK

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: SB23.28895

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESS

Mailing Address 2525 N. Baker Drive

City Canby State OR Zip Code 97013

Purpose of Disbursement
Contribution

Candidate Name
KURT SCHRADER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: SB23.28894

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MARTIN HEINRICH

Mailing Address 2118 CENTRAL AVENUE SE #71

City ALBUQUERQUE State NM Zip Code 87106

Purpose of Disbursement
Contribution

Candidate Name
MARTIN HEINRICH

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: SB23.28892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City ERIE State PA Zip Code 16507

Purpose of Disbursement
Contribution for event held on 09/17/08

Candidate Name
PHILIP S. ENGLISH

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: SB23.28912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: SB23.29458 Date of Disbursement
Mailing Address P.O. Box 32025	<div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period
Purpose of Disbursement Breakfast event held on 09/23/2008	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TEAM SUNUNU	Transaction ID: SB23.28907 Date of Disbursement
Mailing Address PO BOX 500	<div> <div>09</div> <div>08</div> <div>2008</div> </div>
City RYE State NH Zip Code 03870	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution for event held on 09/17/08	<div>2000.00</div>
Candidate Name JOHN E SUNUNU	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS	Transaction ID: SB23.28915 Date of Disbursement
Mailing Address 1600 Roosevelt Avenue Suite 804	<div> <div>09</div> <div>11</div> <div>2008</div> </div>
City Niles State OH Zip Code 44446	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution for event held on 09/13/08	<div>1000.00</div>
Candidate Name TIMOTHY J RYAN	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 66

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO INC	Transaction ID: SB23.28919 Date of Disbursement
Mailing Address 8690 Wolff Court #200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Westminster State CO Zip Code 80031	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution for event held on 10/07/08	<div>2500.00</div>
Candidate Name MARK E UDALL	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) UDALL FOR US ALL	Transaction ID: SB23.28886 Date of Disbursement
Mailing Address 3311 CANDELARIA NE SUITE A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City ALBUQUERQUE State NM Zip Code 87107	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution for event held on 08/06/08	<div>2000.00</div>
Candidate Name TOM UDALL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WICKER FOR SENATE	Transaction ID: SB23.28906 Date of Disbursement
Mailing Address PO BOX 64	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 8</div> </div>
City JACKSON State MS Zip Code 39205	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution for event held on 09/10/08	<div>5000.00</div>
Candidate Name ROGER F WICKER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

44500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 66

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Citizens for Gardner Committee

Mailing Address 431 N. Prospect St.

City State Zip Code
Bowling Green OH 43402

Purpose of Disbursement
Contribution for event held on 09/12/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28913

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Committee to Elect Bill Harris

Mailing Address 1238 Township Road 1506

City State Zip Code
Ashland OH 44805

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Committee to Re-Elect Joe Manchin

Mailing Address P.O. Box 5202

City State Zip Code
Charleston WV 25361

Purpose of Disbursement
Contribution for Governor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28902

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 66

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

Mailing Address 10 Water Street

City State Zip Code
Concord NH 03301

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28908

Date of Disbursement

M M / D D / Y Y Y Y
09 08 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

O'Connor for Supreme Court

Mailing Address 100 E. Broad Street
Suite 2330

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28916

Date of Disbursement

M M / D D / Y Y Y Y
09 19 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

REPUBLICAN PARTY OF KENTUCKY

Mailing Address PO BOX 1068

City State Zip Code
FRANKFORT KY 40602

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.28911

Date of Disbursement

M M / D D / Y Y Y Y
09 10 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF WISCONSIN

Mailing Address 148 E. Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.28900

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
State of Iowa

Mailing Address 510 East 12th
Suite 1A

City Des Moines State IA Zip Code 50319

Purpose of Disbursement
Chet Culver Late Filing Penalty

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.28884

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2008

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

22525.00